

rogatory to professional character for physicians to hold patents for any surgical instruments or medicines." The German Ehrlich profited by his salvarsan patent. The American Robertson demonstrated again the prevailing spirit of service and social efficiency which characterize American medicine and science.

PERIODIC PHYSICAL EXAMINATION.

It is such an old story. Every doctor knows it. Most patients know it. But the trouble is that he and they are too busy to remember it. Both are prone to let well enough answer. No man can get himself in sufficient perspective to see his own beginning physical and mental infirmities. Few can do it for their moral shortcomings. Even the doctor himself does not always elicit the significant history of a little undue weariness, or slight breathlessness, or hazy vision, or inability to make physical and mental adjustments in reflex fashion. All the numerous little danger signals which a careful history will bring to light are of course really more important than leading symptoms and syndromes at a later stage. And the whole question consists first in getting the man in apparent health to recognize this modern form of life insurance, and in the second place to get the physician to deliver *his* side of the obligation and discover the danger signals when they are present.

How many closeted skeletons of the doctor's memory rise at the suggestion of the case whose nervous eccentricities did not lead to a Wassermann reaction, and who a few years later was a paretic? How many cardiacs and nephritics are such because the doctor did not recognize the early stages, or in any case, did not warn the victim of his peril and the way of escape? It is evident that there are two sides to the question of periodic medical examinations. And the doctor's side is equally important, if not so slighted, as the patient's side.

Consider it as life insurance, consider it as business insurance, consider it from the standpoint of statistics of the high percentage of unsuspected defects and disease uncovered in every group examination,—consider it as the personal point of attack of the modern science of preventive medicine,—and in each case the argument is lucid, and to most of us, self-evident.

Every physician should preach and practice periodic medical examination, at least once yearly when in apparent health. It is reasonable, and represents the best development of the physician's art, the prevention of disease in the individual.

THE CONSERVATION OF VITAMINS.

With the present concern over food supply, comes the pitfall for both institutions and individuals of a dietary deficient in vitamins. We do not know what vitamins are. The name is doubtless a misnomer. Accessory food substances necessary for growth and maintenance of healthy nutrition would better describe them. Yet the name has achieved an accepted position in popular and scientific nomenclature, and serves a useful function. We at least know that certain diseases can

be prevented and cured by relieving a dietary fault of which the specific nature is unknown, although what we are pleased to call vitamins are lacking.

Editorial attention was called recently to oleomargarine as a nutritive and economic substitute for butter. In the question of adequate vitamin supply we are likewise concerned not alone with maintaining the necessary nutritive equilibrium of the body, but very practically with supplying the required vitamin fraction at a feasible cost. As with the problem of adequate fat supply, so here that large class of the population is affected whose dietary is modified by increasing food costs. While it is not likely that epidemic scurvy, beriberi or pellagra will follow war food conditions, it is most probable that forms of malnutrition will be in evidence which are important in themselves and which will predispose to other disease and to physical inefficiency.

Dietary rules for the prevention of vitamin deficiency have been well summarized and simplified by Vedder.¹ Bread should be made from whole wheat flour if it is a staple article of diet. Where rice is eaten to a considerable extent it should be the brown under-milled variety. At least once weekly, such legumes as fresh beans or peas should be served. Fresh fruits and vegetables should be eaten several times weekly, barley should be used in all soups, and white potatoes and fresh meat at least once weekly, and preferably once daily. Canned goods should be employed in minimal amounts. If corn meal is used as a staple, it should be the yellow water-ground whole meal.

It is important to remember further that vitamins are inactivated by high temperatures and by certain chemical processes. It was found by Voegtlin Sullivan² that coincident with a decreased use of vitamin-rich foods in certain endemic pellagrous areas, there had occurred an increased use of soda in place of yeast to raise bread, and also for addition to vegetables such as beans for instance, to soften them and hasten the process of cookery. It was demonstrated that such alkalization served to inactivate the vitamins of the vegetables and wheat-bread. This is another dietary danger easily avoided.

With reference to costs, it is desired merely to call attention to the excess costs of cereals in cartons. Rolled oats and rolled wheat can be purchased in bulk at lower cost and have a food value greater than many of the cereal preparations in customary use, and both are appetizing.

A CLIPPED EDITORIAL.

"The fake medicine business represents profits—fat profits—for many concerns, directly and indirectly. It represents also deception and fraud, swindles, and deliberate, calculated obtaining of money under false pretenses, as the *Tribune* has shown. It exploits sickness and suffering for the sake of gain and leaves the victims in worse case physically and financially than when they began experiments with the 'cures.' There should be no

¹ Jour. A. M. A., 1916, LXVII, 1494.

² Pub. Health Rep., Apr. 14, 1916.